

**Family Division/Family Services Grants  
Special Projects Grant Application**

Please use this form to request Special Projects Grants from the Department of Family Services of the Administrative Office of the Courts' Family Division/Family Services Grant Program.

**Submission Deadlines.** Special Projects Grant Applications must be submitted by **May 14, 2007** for funding to commence the fiscal year immediately following (**July 1**). **SEND ONE (1) SIGNED ORIGINAL PLUS NINE (9) COPIES OF COMPLETE APPLICATIONS** to the following address:

*Pamela Cardullo Ortiz, Executive Director  
Department of Family Administration  
Administrative Office of the Courts  
Maryland Judicial Center  
580 Taylor Avenue, 2nd floor  
Annapolis, Maryland 21401  
Phone: 410-260-1580*

**I. Applicant Information**

Project Name \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Organization Address \_\_\_\_\_  
Organization Director/CEO \_\_\_\_\_ Phone \_\_\_\_\_  
Project Director \_\_\_\_\_ Phone \_\_\_\_\_  
Project Director - Email \_\_\_\_\_ Fax \_\_\_\_\_  
Federal Tax ID No. (EIN) \_\_\_\_\_

**NOTE:** In applying for Special Project Grant funds, applicants agree to abide by the Fiscal Year 2008 Grant Guidelines

This Special Projects Application has been prepared and submitted by

|                         |                |
|-------------------------|----------------|
| _____<br>Name (printed) | _____<br>Title |
| _____<br>Signature      | _____<br>Date  |

This Special Projects Application has been approved for submission by

|                         |  |
|-------------------------|--|
| _____<br>Name (printed) | _____<br>Title (Organization Director/CEO) |
| _____<br>Signature      | _____<br>Date                              |

## **Instructions for completing the application**

Applicants should use the applicant information page (above) as the cover sheet for their application. The remainder of the grant application should be in narrative form, with the applicant answering each of the questions listed below. The narrative portion of the application should not exceed five (5) pages in duration. Applications should be submitted on 8½ x 11" paper, utilizing one inch margins and 12 point font. In addition to the cover sheet and narrative detailing the project for which you are seeking funding, the application should include the budget request. Any questions concerning the format of the application should be directed to Pamela Cardullo Ortiz at (410) 260 - 1580.

### **II. Project Name**

### **III. Project Goal**

*Identify and articulate a statement to summarize the goal of the project.*

### **IV. Project Summary**

*Identify and articulate a description of the project for which you are requesting funds to support.*

**V. Project Period**

*Identify the date in which the project will begin as well as the date of completion. [Note: Generally, funds are requested for a twelve month period beginning on the first day of the state's fiscal year.]*

**VI. Statement of Need**

*Demonstrates the need for the program for which you are applying based upon data available regarding the population to be served.*

**VII. Outcomes**

*Identify the specific outcome(s) that will be obtained over the project period. Please articulate specific measurable objectives, tasks and timeline (either within the narrative or as a separate chart). Along with global outcomes for the project, please identify any specific products that will be produced.*

**VIII. Benefits to the Court**

*Please describe, in detail, the specific benefits of the project to individuals accessing the courts. Please attach letters of support as appropriate.*

**IX. Court Collaboration**

*Please identify if this is a collaboration with the Court and attach letters of support as appropriate.*

**X. Community Collaborations**

*Please describe, in detail, what collaborations within the community the project will participate in (example: DVCC, community education to the public, etc.)*

**XI. Resources to support the project**

*Please identify all resources that are currently supporting the project and/or any funding sources that may be appropriate to partially support the program in the future. Also, please identify any soft matches for the program to include volunteer resources available to support the project goal and objectives.*

**XII. History of organization**

*Please provide a brief description of the organization seeking funding to include their history, accomplishments and collaborative efforts within the community.*

**XIII. Evaluation**

*Please identify the evaluation method that you propose for the project. Include informal as well as formal initiatives that the project will undertake (ie, satisfaction surveys completed by clients served, evaluation of the benefit of services with a formal entity such as a local university, etc.)*

**XIV. Project Budget**

*A. Please identify the total project costs as well as the amount of funding requested from the Department of Family Administration to support this project.*

*B. Please complete the attached budget form indicating the line item requests for the project.*

*C. Provide a narrative summary of the budget request submitted to explain all line item requests.*

D. Please indicate below your funding needs for this project over the time period for which funding is being requested.

| <i>Description</i>  | <i>Special<br/>Project Grant<br/>Annual<br/>Expenditures</i><br><br><i>A</i> | <i>Special<br/>Project Grant<br/>One-Time<br/>Costs</i><br><br><i>B</i> | <i>Total Special<br/>Project Grant<br/>Expenses<br/>[A + B]</i><br><br><i>C</i> | <i>Contributions<br/>from Other<br/>Sources</i><br><br><i>D</i> | <i>TOTAL<br/>Program<br/>Costs<br/>[C + D]</i><br><br><i>E</i> |
|---|--|---|---|---|--|
| OPERATIONAL EXPENSES  |  |   |   |   |  |
| Personnel (list positions & itemize salary/fringe for each) |  |   |   |   |  |
| 1. _____  | _____  | _____   | _____   | _____   | _____  |
| 2. _____  | _____  | _____   | _____   | _____   | _____  |
| 3. _____  | _____  | _____   | _____   | _____   | _____  |
| 4. _____  | _____  | _____   | _____   | _____   | _____  |
| Contracts/Consultants (list each separately)                |  |   |   |   |  |
| 1. _____  | _____  | _____   | _____   | _____   | _____  |
| 2. _____  | _____  | _____   | _____   | _____   | _____  |
| 3. _____  | _____  | _____   | _____   | _____   | _____  |
| Equipment/software (list each separately)                   |  |   |   |   |  |
| 1. _____  | _____  | _____   | _____   | _____   | _____  |
| 2. _____  | _____  | _____   | _____   | _____   | _____  |
| 3. _____  | _____  | _____   | _____   | _____   | _____  |
| Printing/Photocopying                                       |  |   |   |   |  |
| Supplies  |  |   |   |   |  |
| Travel  |  |   |   |   |  |
| Other Direct Costs (specify)                                |  |   |   |   |  |
| 1. _____  | _____  | _____   | _____   | _____   | _____  |
| 2. _____  | _____  | _____   | _____   | _____   | _____  |
| 3. _____  | _____  | _____   | _____   | _____   | _____  |
| 4. _____  | _____  | _____   | _____   | _____   | _____  |
| Indirect Costs/Administrative                               |  |   |   |   |  |
| <b>TOTALS</b>   |  |   |   |   |  |